## **FORM D**

28 6059

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

PROCESSED

APR 0 9 2007

THOMSON
FINANCIAL UM

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	OMB A	PPROVAL	
	April	3235-0076 30, 2008 e burden	1
	7050	319	-
C	ATE RI	CEIVED	

Name of Offering ( $\square$ check if this is an amendment	ent and name has changed, and indicate change.)	
Education Management Corporation: Opt	ions	
Filing Under (Check box(es) that apply):   R	tule 504 🔲 Rule 505 🖾 Rule 506	Section 4(6) CMM ULO
Type of Filing: ☑ New Filing □ Amendm		SEIVED
	A. BASIC IDENTIFICATION DATA	APR
1. Enter the information requested about the issu	ег	6 2007
Name of Issuer ( check if this is an amendme	ent and name has changed, and indicate change.)	
Education Management Corporation		186 CTON
Address of Executive Offices (Nu	imber and Street, City, State Zip Code)	Telephone Number (including Area Code)
210 Sixth Avenue, Pittsburgh, Pennsyl	vania 15222	(412) 563-0900
Address of Principal Business Operations (I different from Executive Offices)	Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Post-Secondary education provider		
Type of Business Organization		
☑ corporation	☐ limited partnership, already formed	□ other (please specify):
☐ business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Org	Month Year anization: 0 5 6 2	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat State: CN for Canada; FN for other foreign jur	

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
* Each promoter of the issuer, if the issuer has been organized within the past five years;		
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of,	10% or mor	re of a class of equity securities
of the issuer;		
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing</li> </ul>	g partners of	partnership issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ E	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Jones, Adrian M.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Education Management Corporation, 210 Sixth Avenue, Pittsburgh, PA 15222		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ □	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		•
Mullin, Leo F.		<u>,                                    </u>
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Education Management Corporation, 210 Sixth Avenue, Pittsburgh, PA 15222		<u> </u>
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ E	Director 🗆	General and/or Managing Partner
Full Name (Last name first, if individual)		
Salem, Paul J		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Education Management Corporation, 210 Sixth Avenue, Pittsburgh, PA 15222		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ I.	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Wilde, Peter O.		у.
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Education Management Corporation, 210 Sixth Avenue, Pittsburgh, PA 15222		····
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ E	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
McKernan Jr., John R.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Education Management Corporation, 210 Sixth Avenue, Pittsburgh, PA 15222		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ ☐	Director 🗆	General and/or Managing Partner
Full Name (Last name first, if individual)		
Charlson, Joseph A.		
Business or Residence Address (Number and Street, City, State, Zip Code)		1
c/o Education Management Corporation, 210 Sixth Avenue, Pittsburgh, PA 15222		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ ☐	Director 🛘	General and/or Managing Partner
Full Name (Last name first, if individual)		
Nelson, Todd		
Business or Residence Address (Number and Street, City, State, Zip Code)		•

c/o Education Management Corporation, 210 Sixth Avenue, Pittsburgh, PA 15222

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				A. BASIC IDENT	TFI	CATION DATA				
2.	Enter the information requ	ested for the fol	lowi	ng:						
	* Each promoter of the	issuer, if the iss	uer h	as been organized w	ithin	the past five years;				
	Each beneficial owner     of the issuer:	r having the pov	ver to	vote or dispose, or	direc	et the vote or disposi	tion (	of, 10% or i	more o	of a class of equity securities
	* Each executive office	er and director of	Con	onrate issuers and of	com	orate general and ma	maei	ng partners	of nar	tnership issuers; and
	* Each general and mar		. '		Согр	orate general and me		ng paraners	0. 1	was of the
Cbe	ck Box(es) that Apply:	Promoter	r parı	Beneficial Owner	 [7]	Executive Officer	П	Director		General and/or
	ex Dox(es) that reprise									Managing Partner
Ful	Name (Last name first, if it	ndividual)								
	zzoni, John							<del> ,</del>		
	iness or Residence Address	•		et, City, State, Zip C						
	Education Management C ck Box(es) that Apply:			Beneficial Owner			п	Director		General and/or
CIIC	Ck Dox(cs) that Appry.	LI TIOMOGO	٠,	Beneficial Owner				Director		Managing Partner
Ful	Name (Last name first, if it	ndividual)								•
	chuk, Stacey R.			·		<del></del>				·
	iness or Residence Address	- •								
	Education Management C									
Che	ck Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director	Ω	General and/or Managing Partner
Ful	Name (Last name first, if it	ndividual)								
Sou	th III, John T.			·						
	iness or Residence Address	•								•
c/o	Education Management C									···-
Che	ck Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director	<u></u>	General and/or Managing Partner
Ful	Name (Last name first, if it	ndividual)								
	ss, Stephen J.	<del></del>		<del> </del>		<del></del>		<del> </del>		
	iness or Residence Address	`			•					
	Education Management C									
Cho	ck Box(es) that Apply:	☐ Promoter		Beneficial Owner	☑	Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, if in	ndividual)			•					
	st, Edward H.									
	iness or Residence Address Education Management C	•		et, City, State, Zip C						
	ck Box(es) that Apply:	Promoter	Ø.	Beneficial Owner		Executive Officer		Director	0	General and/or
Cit	ck Dox(cs) that Apply.			Belieficial Owlice				Director	· ·	Managing Partner
Ful	Name (Last name first, if it	ndividual)								
GS	Capital Partners V Fund,	L.P.							<del></del>	<del> </del>
	iness or Residence Address		Stre	et, City, State, Zip C	ode)	1				
85	Broad Street, New York, N	Y 10004								·
Che	ck Box(es) that Apply:	☐ Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner

Full Name (Last name first, if individual)

Providence Equity Partners V, LP

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Providence Equity Partners Inc., 50 Kennedy Plaza, 18th Floor, Providence, RI 02903

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			<del></del>	B. INI	FORMAT	ION ABO	UT OFF	ERING				··· <del>·</del>
						<u> </u>					Yes	No
1. Has the	e issuer solo	d, or does th	e issuer inte	end to sell,	to non-accre	edited inves	tors in this	offering?				Ø
			A	Answer also	in Appendi	x, Column	2, if filing t	ınder ULOF	3.			
2. What i	s the minim	num investm	ent that wil	I be accepte	ed from any	individual?	•				s	N/A
											Yes	No
3. Does t	he offering	permit joint	ownership	of a single	unit?							<b>A</b>
					ho has been							
commi	ission or sin	nilar remun	cration for s	solicitation	of purchase	rs in connec	ction with s	ales of secu	rities in the	offering.		
If a per	rson to be li	isted is an a	ssociated po	erson or age	ent of a brok ore than five	er or dealer	registered	with the SE	C and/or wi	th a state		
					for that bro			d arc associ	ateu person	S OF SUCH		
Full Name	(Last name	first, if ind	ividual)									
NONE											•	
NONE Business of	or Residence	e Address ()	Number and	Street, City	y, State, Zip	Code)		•				· · · · ·
					,, , ,	,						
Name of A	ssociated E	Proker or De	raler			<del></del>						<del></del>
Name of 2	1330CIAICG L	NOKEL (M. D.	aio									
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[MT]	[NE]	[NV]	[NH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]									[WY]	[PR]		
Full Name	(Last name	e first, if ind	ividual)									
Business of	r Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated F	Broker or De	aler									
					o Solicit Pu		<del></del>	<del>, - , - , - , - , - , - , - , - , - , -</del>	·		<u>,,</u>	····
•			lividual Sta	•								I States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	(NY)	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)
[RI] Full Name	[SC]	[SD]	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(		,									
Rucinece	r Residence	• Address ()	Viember and	Street City	y, State, Zip	Code)						
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[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA] :
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	fWA1	[WV]	(WI)	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Box\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity	s	0	\$	
	□ Common □ Preferred			,	
	Convertible Securities (Options): * Total represents a grant of 564,203 options with a strike price of \$55/share for which NO consideration was paid	\$	31,031,165*	\$	31,031,165±
	Partnership Interests	\$	0	\$	0
	Other (Specify):	\$	0	\$	0
	Total				31,031,165
	Answer also in Appendix, Column 3, if filing under ULOE.			•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	<u>t</u>	\$	31,031,165
	Non-accredited Investors	_	N/A	\$	N/A
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505	_	N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total	_	N/A	\$	N/A
ti ti	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		$\boxtimes$	\$	2,000
	Accounting Fees			\$.	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)		•	\$	0
	Total		Ø	\$_	2,000

C. OFFERING PRI	ICE, NUMBER OF INVESTORS, EX	PENS	SES /	AND USE OF P	ROCE	EDS	
b. Enter the difference between the concept of the difference between the difference bends and difference between the difference between the difference	aggregate offering price given in response to raished in response to Part C - Question 4.:	to Part (	. C his		\$_		31,029,165
to be used for each of the purposes sl furnish an estimate and check the l	ijusted gross proceeds to the issuer used or p shown. If the amount for any purpose is not box to the left of the estimate. The tota sted gross proceeds to the issuer set forth in r	t knowr al of th	vn. :he				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees		🗖	\$_	0	_ 🛮	\$_	0
Purchase of real estate		. 🛮	\$_	0	_ 🗖	\$_	0
Purchase, rental or leasing and install	llation of machinery and equipment	. 🗅	\$_	0	_ 0	\$_	0
Construction or leasing of plant build	dings and facilities	. 0	<b>s</b> _	0		\$_	0
this offering that may be used in e	luding the value of securities involved in exchange for the assets or securities of	. o	\$	0	_	\$	0
Renavment of indebtedness		-	\$	_		\$ \$	0
			\$ -		 0	<b>s</b> –	0
Other (specify):			<b>s</b> _	0		<b>s</b> _	0
Column Totals		. Ø	\$_	31,029,165		\$_	0
Total Payments Listed (column totals	s added)	***************************************		Ø \$	31,02	29,165	5
	D. FEDERAL SIGNATU	J <u>RE</u>					
following signature constitutes an under	to be signed by the undersigned duly authortaking by the issuer to furnish to the U.S. So the issuer to any non-accredited investor pure	Securiti	tics an	nd Exchange Comm	mission,	ı, upon	n written request
Issuer (Print or Type)	Signature			Date			
Education Mangement Corporation	J. Dening Ze			March <u>30</u> , 200	07		
Name of Signer (Print or Type)	Title of Signer (Print or Type)	,		<u> </u>			
J. Devitt Kramer	Authorized Signatory						

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**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

END